

Home Visitor Credential Request Form

Check the appropriate application box

- ☐ Credential Home Visitor (2 years of employment)
☐ Senior Home Visitor (4 years of employment and HV Credential)

Present position: _____

Position start date: _____

Applicant Name: _____ **Site Name:** _____

Site Address and telephone number: _____

Check all items indicating home visiting credentialing documentation attached:

- ☐ Trainings:
 - ☐ Ages and Stages Basic training
 - ☐ Ages and Stages Social and Emotional training
 - ☐ Diaz Shaken Baby Syndrome prevention
 - ☐ Nurturing Families Network core
 - ☐ Family Development Credential
 - ☐ Touch Points
 - ☐ Parents As Teachers (0-3)
 - ☐ Parents As Teachers (3- Kindergarten)
- ☐ Verification of the employment requirements with NFN
- ☐ Recommendation from the Clinical Supervisor and Program Manager or Supervisor's Supervising Agent
- ☐ Professional Development Focus Group Model experiences

Check all items indicating senior home visiting credentialing documentation attached

- ☐ Verification of the Home Visitor Credential
- ☐ Verification of the employment requirements with NFN
- ☐ Verification of the completion of Senior Home Visitor candidate advanced trainings
 - ☐ Self and Others
 - ☐ Multiculturalism
 - ☐ Complex Human Behavior
- ☐ Professional Development Focus Group Model experiences
- ☐ Recommendation from the Clinical Supervisor and Program Manager or Supervisor's Supervising Agent

Applicant Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Supervisor's Supervising Agent Signature: _____ **Date:** _____

CTF Staff Only -----

Position Approved: _____

Not Approved & Reason: _____

Reviewer Name: _____ **Date Reviewed:** _____